CHAPTER 18
SECTION 1

GENERAL

1.0. INTRODUCTION

1.1. The Supplemental Health Care Program (SHCP) replaces the Active Duty Claims Program (ADCP). This chapter provides instructions to contractors regarding their responsibilities under the SHCP as well as providing general information to the contractor regarding the roles and responsibilities of the Uniformed Services.

1.2. The Department of Defense and the Armed Forces have agreed to a mechanism that enables processing and reimbursement of SHCP claims by Managed Care Support (MCS) contractors and payment to the contractors through the TRICARE Management Activity (TMA), Office of Contract Resource Management.

1.3. This chapter addresses payment of claims for civilian services (including internal resource sharing services) rendered pursuant to a referral by a provider in a Military Treatment Facility, with the exception of services rendered to enrollees in the TRICARE Prime Remote program (see Chapter 17) or as otherwise excepted in Chapter 18, Section 3, 3.0. The fact that civilian services have been rendered to an individual who is enrolled to an MTF PCM does not mean that those services were MTF referred care. If a claim is received for an ADSM MTF enrollee and no authorization is on file, the MTF must be contacted to determine if the care was MTF referred.

1.4. This chapter is not applicable to active duty service members enrolled overseas. Claims authorization and payment procedures for active duty service members enrolled overseas are outlined in the TRICARE Policy Manual, Chapter 12, TRICARE Overseas Program.

2.0. MILITARY SERVICE PARTICIPATION IN THE SHCP

Medical Treatment Facility (MTF) patients may require medical care that is not available at the MTF (e.g., MRI). The provisions of this chapter apply when the MTF refers a patient for civilian medical care (usually a specific test, procedure or consultation), including services rendered by an internal resource sharing provider. Claims for this type of care will usually be submitted by the provider; however, the patient or the Services (e.g., the MTF) may submit the claim depending on the particular situation. The contractor shall ensure cost shares, copayments or deductibles are applied only when appropriate.

3.0. CONTRACTOR RESPONSIBILITIES

As part of the Department of Defense's ongoing efforts to improve coordination between military treatment facilities and civilian treatment sources, the current practice of using TRICARE payment rules for care provided under the SHCP has been expanded. The

contractor shall provide payment for inpatient and outpatient services, for MTF-referred civilian care within the 50 United States and the District of Columbia ordered by an MTF provider for an MTF patient for whom the MTF provider maintains responsibility. After payment of the claim, the contractor shall furnish the Services with information regarding payment of the claim. (See Chapter 18, Section 3, paragraph 9.0.)

4.0.   SUPPLEMENTAL HEALTH CARE PROGRAM DIFFERENCES

4.1.   Active Duty Service Members (ADSMs) have no cost-shares, copayments or deductibles. If they have been required by the provider to make "up front" payment they may upon approval be reimbursed in full for amounts in excess of what would ordinarily be reimbursable under TRICARE.

4.2.   Nonavailability Statement requirements do not apply.

4.3.   Supplemental Health Care Program claims are not included in the quarterly claims audit, but are included in the measurement of the claims processing standards in Chapter 1, Section 3, paragraph 2.0. and 3.0.

4.4.   If third party liability (TPL) is involved in a claim, claim payment will not be delayed; the development of TPL information is not required.

4.5.   The contractor shall provide MTF-referred patients the full range of services offered to TRICARE Prime enrollees.